Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

					_					
Submi	ssion Identification Nu	umber (SID)								
Taxpaye	r's name	Social securi	Social security number							
SATY	A CHAITANYA KU	361-67	361-67-8300							
Spouse's	s name	Spouse's soo	Spouse's social security number							
Part	Tax Return In	formation — Tax Year Ending Dece	ember 31, 2023 (E	ber 31, 2023 (Enter year you are autho						
	vhole dollars only on		, , , , , , , , , , , , , , , , , , , ,	, ,		•	<u> </u>			
Note:	Form 1040-SS filers u	ise line 4 only. Leave lines 1, 2, 3, and 5 b	lank.							
1	Adjusted gross incor	ne			1	11	2,677.			
2	Total tax				2	1	7,118.			
3	Federal income tax w	vithheld from Form(s) W-2 and Form(s) 109	9		3	1	6,920.			
4	Amount you want ref	unded to you			4					
5		<u> </u>			5		198.			
Part		claration and Signature Authorization clare that I have examined a copy of the income								
to send for any Agent to paymer authorize paymer business taxes to personal	my return to the IRS ar delay in processing the orinitiate an ACH electront of my federal taxes over ation is to remain in function in the last days prior to the payror receive confidential in all identification number	m now authorizing. I consent to allow my interrad to receive from the IRS (a) an acknowledger return or refund, and (c) the date of any refundinc funds withdrawal (direct debit) entry to the ved on this return and/or a payment of estimate II force and effect until I notify the U.S. Treas J.S. Treasury Financial Agent at 1-888-353-4 ment (settlement) date. I also authorize the finant formation necessary to answer inquiries and (PIN) below is my signature for the income tax	ment of receipt or reason for d. If applicable, I authorize the financial institution account ed tax, and the financial inst ury Financial Agent to term 1537. Payment cancellation incial institutions involved in resolve issues related to the	rejection of the trace U.S. Treasury a indicated in the trace the authorization to debit the inate the authorization for the processing of the payment. I fur	ransmind its ax prepared entry ation. The receipt the elater action at the elater action are the elater action.	ssion, (b) designate paration s to this acronic revoke ved no la lectronic recknowled	the reasoned Financial software for count. This e (cancel) a ater than 2 payment of ge that the			
	nic Funds Withdrawal Co						7			
	yer's PIN: check one	-		7	8	3 0 0				
X	I authorize GLOB	ERO firm name	to enter or gener	ř En		digits, but				
	signature on the inc	come tax return (original or amended) I an	n now authorizing.	do	n't ente	er all zeros	•			
		as my signature on the income tax return your own PIN and your return is filed usi								
Your s	ignature ▶	M·S· Chaitanya Kumar	Date I	04/1/2024						
Snous	e's PIN: check one b	nox only					_			
	I authorize	, o	to enter or gener	ate my PIN			as my			
		ERO firm name		_	ter five	digits, but				
	signature on the inc	come tax return (original or amended) I am	n now authorizing.	do	n't ente	er all zeros	•			
		as my signature on the income tax return your own PIN and your return is filed usi								
Spous	e's signature ►		Date I	•						
		Practitioner PIN Method Retu		low						
Part I	Certification	and Authentication — Practitioner I	PIN Method Only							
ERO's	EFIN/PIN. Enter you	r six-digit EFIN followed by your five-digit	self-selected PIN. 2	2 2 4 9 Don't ent	6 0 er all ze	8 2 eros	7 1			
authoriz	zed to file for tax year in	c entry is my PIN, which is my signature for th ndicated above for the taxpayer(s) indicated a PIN method and Pub. 1345, Handbook for Au	above. I confirm that I am s	ubmitting this retu	ırn in a	accordanc	ce with the			
ERO's	signature ►		Date I	•						
		ERO Must Retain This For								
		Don't Submit This Form to the IR								

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		ırn 2	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar		, 2023, ending , 20					See separate instructions.						
Your first name and middle initial Last na					iame						Your social security number		
SATYA CHAITANYA KUMA MAMI				DI							361	67	8300
If joint return, spouse's first name and middle initial Last na											Spouse'		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.					pt. no.		Preside	ntial Ele	ection Campaign
4411 SH	ADY	TERRACE LN						2					ou, or your
City, town, or post office. If you have a foreign address, also complete sp					paces below. State			ZII COUC			•	_	jointly, want \$3
TAMPA				FL			1 2 2 6 1 2			•		nd. Checking a not change	
Foreign country name					Foreign province/state/county For				preign postal code you			or refu	ınd.
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name of ur depend	your spo				surviv	ring spou	use (C enter	the chi	ld's na	me if the
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi		(or a fina	ncial intere	est in	n a digital asse					□ Y	es 🗵 No
Standard Deduction	_	neone can claim:	•				a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bline	d Spo	use:	: Uwas bor	n befo	re Janua	ary 2,	1959	l:	s blind
Dependent	s (see	s (see instructions):			(2) Social security (3) Relations		(3) Relationsh	_{ip} (4) Check t	he bo	x if quali	fies for	(see instructions):
If more	(1) F	irst name Last name		number to you		to you	Child tax		ax cre	edit	Credit fo	or other dependents	
than four													
dependents, see instruction	s									<u>_</u>			
and check here	1								[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruction	ons)						1a		112,677.
	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	С								1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6						1g					
get a Form	h	Other earned income (see instructions)						1h		0.			
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h									1z		112,677.
Attach Sch. B		1	2a			b Ta	axable interest	t.			2b	_	-
if required.	3a		3a				rdinary divider				3b		
	4a		4a				axable amoun				4b		
Standard	5a		5a				axable amoun				5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
 Married filing jointly or 	8	Additional income from Schedule 1, line 10							8				
Qualifying surviving spouse,	9		, 7, and 8. This is your total income						9		112,677.		
\$27,700	10	Adjustments to income from Sche	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1						10				
 Head of household, 	11	•	ubtract line 10 from line 9. This is your adjusted gross income							11	1	112,677.	
\$20,800	12	Standard deduction or itemized	•	-							12		13,850.
If you checked any box under	13	Qualified business income deducti		•		-	5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	antar _0.	This is w	our +	avabla incom				15		98 827

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Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	17,118.	
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	17,118.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	17,118.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.	
	24	Add lines 22 and 23. This is your total tax								17,118.	
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a	16	,920.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	16,920.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		32		
	33	• • • •							33	16,920.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you o	verpaid		34		
	35a	a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a		
Direct deposit?	b	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37	198.	
-	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee										⊠ No	
		Designee's Phone Personal is name no. number (P						ification			
Sign	Un	der penalties of perjury, I declare the	nat I have examine	d this return and	accompanying sche	dules and			the best	of my knowledge and	
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr									er has any knowledge.	
пеге	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity			
		M·S· Chaitanya Kuna	04/11/2024 TAXIA DELIZET ODED					Protection PIN, enter it here (see inst.)			
Joint return? See instructions.						VA DEVELOTER .			<u> </u>		
Keep a copy for		ouse's signature. It a joint return, i	Date Spouse's occupation					If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.									(see inst.)		
	Phone no. (270)994-1819 Email address CHAITANYAMAMIDI93@GMAIL.COM										
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/12/2024 P0208				2703	Self-employed				
Preparer	Fir	m's name GLOBAL TA	XES LLC					Pho	Phone no. (678)965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firn	Firm's EIN 84-3171965		